

City of Redmond Supplier Registration Form

Please mail completed form to: City of Redmond, Attn: Purchasing M/S: 3SFN PO Box 97010, Redmond, WA 98073-9710 Or fax to: (425) 556-2185

Primary Product(s)/Services(s):		
NIGP Code:(Internal NIGP research file) wv	SSN or Federa	al ID #: ance/pdf/nigpcategorycodes.pdf
How Long in Business?:	years Dunn & Brad	street #:
Company Name:		
Contact:	Phone:	Fax:
Website:	E-Mail A	ldress:
Correspondence Address:	Remit to Address:	Shipping & Terms
		FOB:
		Terms:
123Names & Titles of Company Ow Type of Organization (check one	e only):	
Type of Business (check one only Manufacturer Distribute Contractor Consultant	y): or/Wholesaler	☐ Dealer ☐ Service
Do you provide any of the follow ☐ Surplus/Resale Products ☐ H Do you accept any of the following ☐ American Express ☐ VISA	azardous Product Disposal Re	cyled products ☐Other:
I certify that the above informat		(date)

In addition to submitting this form, find out about online bidding and/or receiving automatic notification of bids on the City of Redmond website at http://www.redmond.gov/insidecityhall/finance/purchasing.asp.